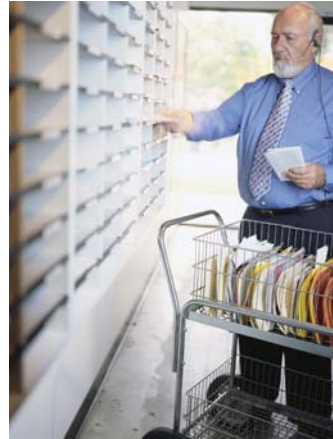expertise in action™

COB Claim Submission on the GHP Web Portal for CMS 1500 Claims

CMSCOBWP200-09

Welcome to the WebEx training session for Introduction to the GHP Web Portal for Professional COB Claim Submission. The pre-requisite for this course is you must have taken [CMSWP101-09] – Introduction to the GHP Web Portal for CMS 1500 Claims and Be a registered for the Web portal.

Topics of Discussion

❑ The Coordination of Benefits (COB)

❑ A CMS 1500 Claim with COB via Web Portal

❑ The Claim Data Tab

❑ The Insurance Data Tab

❑ The Line Item Data Tab

❑ Submitting Your Claim

❑ Reviewing Your TCN and Exception Codes

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Learning Objectives

❑ Understand the COB Process
❑ Submit a COB CMS 1500 Claim on the Web
❑ Add the Claim Data from COB
❑ Add Insurance Data to Include Payer Identifier
❑ Add Line Item Details
❑ Review COB CMS 1500 Claim and Exception Codes

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Slide 2

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From this lesson you will be able to do the following:

•Understand the COB Process

•Submit a COB CMS 1500 Claim on the Web

•Add the Claim Data from COB

•Add Insurance Data to Include Payer Identifier

•Add Line Item Details

•Review COB CMS 1500 Claim and Exception Codes

The Coordination of Benefits

Coordination of Benefits (COB) is when a person has more than one source of reimbursement for health care expenses and the two sources coordinate their benefits. Examples of COB sources other than Medicaid are commercial plans.

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The Coordination of Benefits (continued)

Before you get started:

❑ Obtain the Patient's Billing Information to Enter on the Claim

❑ Obtain Your COB Adjustment Reason Code(s)

❑ Obtain Your COB Payer Identifier Carrier Code(s)

A COB CMS 1500 Web Claim: Before You Begin

It is very important that you read and understand all COB policy, here are some helpful resources accessible on the GHP Web Portal for COB:

- ❑ Part I Policies and Procedures Medicaid Coordination of Benefits Reference Guide
- ❑ Medicaid Secondary Claims User Guide Version 4.0
- ❑ Explanation of Benefits (Edit Listings)
- ❑ EOB Codes Cross Walk 3

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It is very important to read all COB policy information accessible on the Web portal before submitting your COB CMS claim.

Under the Part I Policies and Procedures Medicaid Coordination of Benefits Reference Guide Review: COB Manual Section 104, 105, 202 and Chapter 300

Before You Begin (continued)

❑ You can locate a complete list of the COB carriers can be found on the Web portal. It is located at **www.ghp.ga.gov** under the **Provider Information** tab, in the Banner Messages section [Subject: Dual Providers Billing Requirements 2007, Date: January 5, 2007].

❑ You can also find the carrier code for the member by checking the member eligibility in the coordination of benefits section.

❑ You will only need the last four digits of the carrier code (payer identifier) listed.

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Home Tab Page: The Login Portlet

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Under the **Home Tab** of the GHP Web Portal is the Login portlet. Complete the following steps:

1. Enter your user name and password to login the Web portal.

2. Click the **Submit** button.

Then the **Claims Tab** page will appear.

Claims Tab Page: Enter a Claim

Slide 8

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Under the **Claims Tab** within the **Enter a Claim** portlet, click **CMS 1500 Professional**, then the **Claim Data** page will appear.

Slide 9

Under the **Claim Data** Tab. Complete the following steps:

1. Enter information in the required fields in **Member Information**

    • Member ID

    • Patient Account Number

    • DOB

    • Last & First Name

2. Enter information in the required fields in **Practitioner Claim Data**

    • Rendering Provider ID

    • Signature on File (should always be Yes)

    • Make sure you enter **Payer Responsibility Sequence Number (Secondary**) or (Tertiary)

3. Click (**2**) or **Next.**

Then the **Insurance Data** page will appear.

Insurance Data Tab: Insurance Information Page

Slide 10

1. Enter information in the required fields in the **Insurance Data** Tab.

    - Insurance Company

    - Insurer Group or Policy Number

    - Insurer First and Last Name

    - Amount Paid

    - Date Paid or Denied

    - Individual Relationship Code

2. Click **Add Additional Details to Payer** portlet.

Then the **Other Insurance Additional Detail Menu** page will appear.

Important

If you are billing just for the member's co-pay only, enter the paid amount from the EOB and the Primary Insurance EOB Date.

Insurance Data Tab: Other Insurance Additional Detail Page (continued)

Slide 11

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Under the **Other Insurance Additional Detail Menu** page, click the **Patient and Subscriber Detail** portlet. Then the **Patient Subscriber Detail** page will appear.

Insurance Data Tab: Patient and Subscriber Detail Page (continued)

Slide 12

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Under the **Patient and Subscriber Detail** page, complete the following steps:

1. Enter information in the required fields in **Patient**: Patient Primary Identifier

2. Enter information in the required fields in **Other Subscriber**

- Payer Identifier
- Payer Responsibility Sequence
- Insurance Type Code
- Claim Filing Indicator

3. Click the **Add to Claim and Return to Detail Menu** portlet.

Then the Other **Insurance Additional Detail Menu** page will appear.

Insurance Data Tab: Other Insurance
Additional Detail Page (continued)

Slide 13

Under the **Other Insurance Additional Detail Menu** page, click the **Other Payer Patient Information** portlet. Then the **Other Payer Patient Information** page will appear.

Insurance Data Tab: Other Payer Patient Information Page (continued)

Slide 14

Under the **Other Payer Patient Information** page, complete the following steps:

1. Enter information in the required fields in **Payer**
- Payer Identifier
- Other Payer Last Organization Name

3. Click **Add to Claim and Return to Claim Entry** portlet.

The **Insurance Information** page will appear.

Insurance Data Tab: Insurance Information Page (continued)

Slide 15

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Under **Insurance Information** page, complete the following steps:

1. Enter information in the required fields in **Insurance Information**
    - Insurance Company Name
    - Insurance Group or Policy Number
    - Insured's First and Last Name
    - Amount Paid
    - Date Insurance Paid/Denied
    - Individual Relationship Code

2. Click the **Add Insurance Data** button.

Then the **Insurance Information** verification page appears

Insurance Data Tab: Payer View Area

Slide 16

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Under the **Insurance Data Tab** within the **Insurance Information** page, complete the following steps:

1. Make sure you see **<u>Yes</u>** where **Additional Detail has been added**

2. Verify all data under **Payer View Area.**

3. Click **(3)** or **<u>Next.</u>**

Then the **Line Item data** page will appear.

Slide 17

Line Item Data Tab

Under the **Line Item Detailed** Tab. Complete the following steps:

2. Enter information in the required fields in **Detailed Line Item** page:

- Place of Service
- Procedure code
- Units of Service
- From and Through Date of Service
- Charge Amount
- Diagnosis code indicator(s)

3. Click the **Add Additional Details to Line** portlet.

Then the **Additional Line Detail Categories** page will appear.

Important

If you are billing just for the member's co-payment input the co-payment amount in the Charge Amount field.

Line Item Data Tab: Additional Line Detail Categories (continued)

Slide 18

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Under the **Line Item Data** tab within the **Additional Line Detail Categories** page, click the **Other Payer Line Adjudication and Service Adjustment** portlet. Then the **Other Payer Line Adjudication and Service Adjustment** page will appear.

Line Item Data Tab: Other Payer Line Adjudication and Service (continued)

Slide 19

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Under the **Other Payer Line Adjudication and Service Adjustment**, **c**omplete the following steps. This is where you will add the breakdown of each line from your EOB.

1. Enter information in the required fields in **Line Adjudication**
   - Other Payer Identifier
   - Service Line Paid Amount
   - Approved (Allowed) Amount
   - Procedure code

2. Enter information in the required fields in **Service Adjustment**
   - Claim Adjustment Group Code
   - Adjustment Reason Code
   - Adjustment Amount

Important
If you are billing just for the Member's Co-Payment amount input the Paid and Approved Amount on the EOB in the Paid and Approved Amount fields. Slide 20 provides a few examples of the Adjustment Reason Codes.

3. If the line item information is complete and you have no NDC information to enter, click **Add to Claim and Return to Claim Entry** portlet.

The **Line Item Data** page will appear to verify your information (Slide 24).

4. Follow these instructions on slides 22-23 if you are entering injectable Drugs with NDC information.

Adjustment Reason Codes

Adjustment reason codes are located on the explanation of benefits from the primary insurance company. These codes are needed to correctly enter a COB or crossover claim.

Frequently used adjustment reason codes:

- ❑ 1 Deductible Amount
- ❑ 2 Co-insurance Amount
- ❑ 3 Co-payment Amount
- ❑ 45 Charges exceed your contracted / legislated fee arrangement
- ❑ 96 Non-covered charge(s)

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Instructions to Enter Injectable Drugs/NDC

Follow these instructions on slides 19-20 if you are entering injectable Drugs with NDC information.

If you are not entering Injectable Drugs/NDC information, proceed to slide 24.

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Line Item Data Tab: Entering An NDC Number

From the Line Item Tab, under **Additional Line Details** Categories, click **Drug and Prescription Data**.

Line Item Data Tab: Entering An NDC Number (continued)

Slide 23

Enter required fields and complete the following steps.

1. Always enter the NDC with no dashes.

2. Click **ADD** when complete.

3. Click **Add to <u>Claim and Return to Claim Entry.</u>**

Line Item Data Tab: Summary View Page

Slide 24

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This is the **Summary View Area** a verification page. Complete the following steps.

1. Click **Add Line Item** button, if you have additional lines to add to the claim you will repeat your previous steps until all lines are added.

2. Click **Review Claim** once all information has been added.

Slide 25

The Review Claim portlet will appear. Complete the following steps.

1.   Click the **Edit Claim Data** portlet.

2. Scroll down to the bottom, after reviewing your claim.

3. Click the **Submit** button if complete.

CMS 1500 Claim: In Process

Total Charges : $58.74

Line 1

Line Item Control Number: 01	From Date of Service: 05/22/2003	Emergency: No
Place of Service: Independent Laboratory	Through Date of Service: 05/22/2003	Family Planning: No
Procedure Code: 84702	Units of Service: 01	Health Check: No
Modifier 1:	Modifier 2: Modifier 3:	Modifier 4:
Diagnosis Code Indicator: V67.00		
Rendering Provider ID:	Referring Provider ID:	Charge Amount: $8.97
Additional Detail has been added: No		

Edit Line Item Data

Line 2

Line Item Control Number: 02	From Date of Service: 05/22/2003	Emergency:
Place of Service: Independent Laboratory	Through Date of Service: 05/22/2003	Family Planning:
Procedure Code: 80100	Units of Service: 01	Health Check:
Modifier 1:	Modifier 2: Modifier 3:	Modifier 4:
Diagnosis Code Indicator: V67.00		
Rendering Provider ID:	Referring Provider ID:	Charge Amount: $49.77
Additional Detail has been added: No		

Your claim is being processed. Please wait.

Edit Line Item Data

[Cancel]   Go to Top of Page

When complete a confirmation page will appear.

This is the CMS 1500 Confirmation page. It displays the TCN, payment amount, status and exception code. To understand the exception code(s) that cause any denials with your claim, click on your **exception code** to see their definitions.

CMS 1500 Claim: Exception Code

Click on the **Back** button and go back to the claim. Compare the data you've entered with the patient data you have recorded. The exception code 2750, and the explanation is displayed as Description.

In Summary

❑ Understand the COB process
❑ Add the Claim Data from your COB claim
❑ Add Insurance Data to include: Payer Identifier to your Claim
❑ Add line item Details
❑ Submit your Claim on the Web
❑ Review your Claim and Exception Codes

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